



## RENEWAL APPLICATION FOR REGISTRATION OF MULTIPLE EMPLOYER WELFARE ARRANGEMENT (MEWA)-IC 27-1-34-1

**NOTE:** "Multiple Employer Welfare Arrangement" means an entity other than a duly admitted insurer that establishes an employee benefit plan for the purpose of offering or providing accident and sickness or death benefits to the employees of at least two (2) employers, including self-employed individuals and their dependents.

**(1.) Applicants Certification:**

**(A.) I certify that  there have been no changes to the application information and documentation submitted during the last year**

**(B.) I certify that  there have been changes to the previously submitted application information and documentation and have attached the revised documentation.**

**(2.) Full name of MEWA**

**(3.) Statutory home address of MEWA (street, city, state, ZIP code)**

**(4.) Mailing address of MEWA (street, city, state, ZIP code)**

**(5.) Contact person of MEWA**

**(5a.) Title**

**(5b.) Telephone number**  
( )

**(6.) Are the employers in the MEWA members of an association or group of two (2) or more businesses in the same trade or industry? yes no**

**(6a.) List trade or industry:**

**(7.) Is the association substantially involved in the activity for its members other than sponsorship? yes no**  
If answer is no please explain:

**(8.) Has the MEWA's fiscal year changed?**

**(9.) Is the MEWA a non-for-profit organization? yes no**

**(10.) Does the MEWA have a contract with a third party administrator? yes no**

**(10a.) If answer is yes list or attached the name of the third party administrator(s):**

**(11.) Are any of the trustees an owner, officer, or employee if the administrator? yes no**  
If yes, please explain:

**(12.) What is the MEWA's fund balance?**  
Comments:

***I certify that the above statements are true.***

Signature of Chair of Board

Date

Printed Name of Signature

Title